

LIBRARY

North Riding of Yorkshire County Council.



ANNUAL REPORT
OF THE
COUNTY MEDICAL OFFICER
OF HEALTH.

1942.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH

for the year 1942,

To the Members of the North Riding of Yorkshire County Council.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to submit the annual report on the public health services of the County Council for the year 1942.

The report is limited in size and scope for two reasons :—the necessity for economy in the use of paper, and the instructions of the Ministry of Health as given in Circular 2773 dated 10th March, 1943. The Minister has indicated the need for the omission of certain statistical facts in the interests of national security, and has requested that comment be made on certain subjects. These behests have been obeyed in the pages which follow, but I shall be glad to supply any further information that is available to members of the Council and other authorised persons.

This report is, like those for the preceding three years, of an interim character : the Minister of Health will give directions at a later date regarding the collation of the information which has been recorded as in pre-war years. I submit the following brief observations on the statistics which may be published and on the major problems of the year under review.

(i) Vital Statistics.

The birth rate for the whole county for 1942 was 17·3 as compared with 16·6 for 1941 and 15·5 for 1940 : again the birth rate was noticeably above normal in the Borough of Richmond ; the Eston Urban District and the Rural Districts of Richmond and Stokesley show rates of 20 or more. The birth rate for England and Wales for 1942 was 15·8.

The death rate for the administrative county was 12·8 as compared with 13·6 for 1941 and 13·8 for 1940. Table I shows the detailed rates for each county district. The corresponding rate for England and Wales was 11·6.

The infantile mortality rate for the year 1942 was 51·2 for the whole administrative county as compared with 58 in 1941 and 48·1 in 1940. There was less discrepancy than in previous years between the rates for the urban and rural areas. For purpose of comparison the infantile mortality rate for England and Wales for 1942 was 49 and for the 126 great towns 59 per thousand live births.

(ii) Cancer.

The deaths ascribed to cancerous conditions occurring in persons normally resident in the administrative county gave a death rate from this cause of 1·65 as compared with 1·67 for the preceding year.

The interim scheme for the treatment of North Riding residents suffering from cancer came into effect during the year. Briefly the arrangements are these—the general practitioner in attendance informs me that his patient requires a consultant's opinion on the diagnosis of the condition or on the best method of treatment. An appointment is made for the patient to

proceed to the Newcastle or Leeds radium centres, and arrangements made for transport where necessary. The patient may be admitted or treated as an outpatient, referred to a general surgeon or to one of the clinics for the surgery of special regions.

Unfortunately the long-discussed scheme for a cancer organisation for the north of England is no nearer fruition : the real disadvantage suffered by the residents of the Riding is that there is not yet a sub-centre within or near the county boundaries at which the full facilities offered by a regional radium centre can be obtained. As soon as the requisite medical personnel can be made available, accessible diagnostic sub-centres where a group of cancer specialists can meet in consultation and decide on the best line of treatment for any particular sufferer should be provided.

As a temporary measure the Minister of Health has made available some 80 E.M.S. beds at Shotley Bridge Hospital, to which some of the radium from the Royal Victoria Infirmary and two deep X-ray therapy plants from the Newcastle General Hospital have been transferred : there has been little or no delay in the admission of North Riding cancer cases referred by me to Leeds and Newcastle. The difficulties regarding early ascertainment are incapable of satisfactory solution under war time conditions.

(iii) Infectious Diseases.

During 1942 the notification of the commoner infectious diseases, with the exception of measles, whooping cough and cerebro-spinal fever, were similar in number to those made during 1941. The reduction to one-third in the incidence of measles and whooping-cough is reflected in the fall of the infantile mortality rate, as it is in early life that these diseases and their complications prove fatal to a number of children each year. The sequelae of measles and whooping-cough are not yet sufficiently appreciated by parents of young children, nor in some cases by their medical advisers.

There was a welcome fall in the notifications of cerebro-spinal fever but a rise, particularly noticeable in certain county districts, was observed in the incidence of diphtheria. Immunisation against this disease, so insidious in its onset and so fatal in its effects on the unprotected child, has been promoted energetically in most sanitary districts in the Riding. Unfortunately there has been a high percentage of infection with the gravis type of organism : there is some evidence that the antigen normally used to stimulate immunity is not entirely effective against this type. On the other hand there is little doubt that the immunising process, though not entirely preventive, does assist the patient, as the high degree of mortality previously associated with gravis type infection has not been observed. The difference between clinical diphtheria and the "carrier" state is not yet fully appreciated by many general practitioners.

Two years ago I commented on the disquieting death rate from diarrhoeal diseases in children under two years of age. In 1942 this was 7.76 in urban areas, though only seven urban districts in the county were at all affected : the same increase was observed in the corresponding rate (7.5) for the 126 great towns of England and Wales. Unfortunately it is not possible at present to undertake research into this serious cause of infantile mortality but I am of opinion that the wartime conditions under which non-designated milk is produced, distributed and retailed for the consumption of babies as one of the "priority classes" without any prior approval by the local health departments must be considered as a material factor.

(iv) Maternity and Child Welfare.

During 1942 the arrangements made under the 1936 Midwives Act continued as in preceding years : the presence of unsuitable housing conditions and complications requiring skilled obstetrical assistance remained

the reasons for arranging hospital accommodation for maternity cases at the cost of the County Council. 4,341 births were notified to me, or transferred to me from other areas because the mother was normally resident in the area for which the County Council is the welfare authority: 911 women were delivered in a maternity home, hospital or other institution under arrangements made by the County Health Department. There is undoubtedly an increasing demand for institutional accommodation partly due to the acute shortage of the domestic help necessary for domiciliary confinements.

Owing to the comparatively small numbers involved it is wise not to place too much reliance on the apparent fall in the puerperal sepsis death rate and the death rate from other maternal causes. Possibly the nutrition of the average pregnant woman has been improved by the system of priorities under the rationing scheme of the Ministry of Food.

(v) Tuberculosis.

Little change is observed in the death rates from tuberculosis (pulmonary and non-pulmonary) for the County as a whole: the mortality from pulmonary disease in the urban areas was fractionally higher than in previous years but the non-pulmonary death rate was low in both urban and rural areas. Of more importance is the rise in the notification rate for non-pulmonary tuberculosis: whereas 65 cases were notified in 1941, 84 were notified in 1942 and 79 in the first nine months of 1943. A visit to a long-stay orthopaedic hospital gives a graphic picture of the dire results of infection by bovine tubercle: the disablement which may follow is more extensive and more permanent in tuberculosis than it is in other common disease.

The principal handicap of the tuberculosis service during the year was the very acute shortage of beds for males requiring rest in bed and special medical treatment, the Council having no beds for adult males under its direct administration. Cases requiring the services of a thoracic surgeon were adequately served by Mr. G. A. Mason, F.R.C.S. and the staff of the chest surgery unit at the Shotley Bridge Hospital, County Durham. The portable X-ray set presented to the Council by Mrs. Edward Shaw, C.B.E. and the equipment provided by the County Council have proved of the greatest value to the service during 1942, especially in the rural areas of the county.

(vi) Blind Persons.

The number of "blind" persons (as defined by statute) on the register for the administrative county on the 31st December, 1942, was 806 as compared with 790 at the end of 1941: of these, grants were being made to 481 (60%) as unemployable blind persons in accordance with the County Council's scale which was increased materially during 1942. There were 15 approved home workers and 7 blind persons were under training in 3 approved workshops and schools for the blind at the end of the year under review. On 1st April, 1942, the County Council took over from the York School for the Blind (whose secretary had given notice of termination of the agreement) the visitation and teaching of blind persons in the southern half of the Riding and later in the year a voluntary committee was set up to assist in social work among the blind of this area.

(vii) The Supervision of Milk Supplies.

During 1942 the cleanliness of cows' milk, and the presence or absence of pathogenic organisms in milk became a live issue in this agricultural county. The introduction of the Ministry of Agriculture's Milk Testing and Advisory Scheme was followed by the Ministry of Health's Circular 2669 asking local sanitary authorities to co-operate in its operation. Health Officers of the 34 county districts attended one or other of three conferences

called at Northallerton, Guisborough and Scarborough respectively to discuss the best means of attaining the co-operation which appeared desirable and which the Ministers requested. Agreement was reached and there followed a short series of one-day refresher courses for sanitary officers held in the same three towns. Professor McGregor, Head of the Department of Agriculture in the University of Leeds, addressed each group on milk production from the point of view of the practical farmer and indicated that high standards of accommodation and cleanliness were desirable. Errors in the technique of milking, sources of contamination, the importance of a safe milk and the technique of the resazurin test were also covered by various speakers. At the end of the year under review the arrangements for co-ordinated action were being effectively carried out in the great majority of the sanitary districts so that little action was necessary on the receipt of a further Circular (2761, dated 9th February, 1942): it is much regretted, therefore, that in June, 1943, these arrangements broke down when instructions were received by the War Agricultural Executive Committee from the Ministry of Agriculture that the results of the resazurin test at dairy laboratories were confidential and must not be communicated to local sanitary authorities.

There is an urgent need for modernisation of the Milk and Dairies Order, 1926, to make it effective: the principal weaknesses of the present milk legislation are—

(a) the absence of a legal standard of cleanliness for non-designated milk; (b) the need for the same statutory provisions against interference with churns, etc., when transported by road as well as by rail; (c) the failure to control effectively milk that has been heat treated because it need not legally be sold as “pasteurised” and accordingly the appropriate standards cannot be applied to it; and (d) the inability of a local sanitary authority legally to refuse registration to a cowkeeper whose premises are unsuitable or whose water supply is inadequate.

The more frequent contamination of milk by organisms capable of causing disease or of producing toxic substances has probably adversely affected or will affect the health of numerous members of the community. Time alone will tell whether the protagonists of the supply of adequate amounts of milk are right in their view that the gain in nutrition resulting from the greater consumption of proteins and minerals will counter-balance the tuberculosis, diarrhoeas, septic throats and undulant fever that some will acquire in its consumption. In my opinion the safety of milk supplied to the consumer is more important than the adequacy of the supply although I give full support to the raising of our nutritional standards.

As regards the County Council's particular functions under the Milk (Special Designations) Order, the work of supervision has proceeded as in former years, and all possible assistance has been given to milk producers both in the redesigning of premises and in the supervision of methods of production. At the end of 1942, 143 producers of tuberculin tested milk and 220 of accredited milk were licensed by the County Council: the Ministry of Agriculture and Fisheries issued 413 licences in respect of attested herds.

(viii) Public Assistance.

Owing to war-time restrictions on constructional work, few improvements to sick ward accommodation were possible during 1942, but the new nurses home adjoining the Guisborough Institution was completed and opened for use. The amenities of this hostel are up-to-date and should assist in maintaining an adequate staff for this “up-graded” institution. The control of the hutted hospital (built under H.M. Office of Works contracts) adjoining Northallerton Institution passed from the County

Council on 31st December, 1942, though one of the conditions of the transfer was that any beds available at the time of an emergency could be used for air raid casualties if required for this purpose.

(ix) Civil Defence—Casualty Services.

No radical changes occurred in the organisation of the casualty services in 1942, the chief trend of policy being towards the more effective use of manpower. The establishment of paid personnel was reduced and greater use was made of the services of part-time workers. The calls made on the services from enemy action were light and at no time were the resources at the disposal of local authorities fully employed in dealing with incidents.

The extended use of vehicles in the ambulance service for certain categories of essential civilian work as authorised by the Ministry of Health proved a most useful measure and gave valuable experience to drivers and attendants in dealing with the transport of civilian and military sick persons. The county ambulance reserve, which is staffed entirely by part-time volunteers, was particularly well utilised in such work and the staff gave unsparing service at all times.

The quarterly meetings of medical officers of health continued to be held at Northallerton and many problems affecting civil defence were discussed to mutual advantage.

(x) Venereal Diseases.

No undue incidence of these diseases could be ascertained to exist in the Riding in the year under review: the statistics supplied from the special clinics used by county residents and from the general practitioner centres established at Northallerton, Malton, Easingwold, Richmond, Leyburn and Whitby confirmed this view. The much debated Regulation 33B did not come into effect during 1942, but the real need in the administrative control of venereal diseases is effective legal powers to compel a sufferer to attend special clinics for treatment until cured.

(xi) Laboratory Service.

The establishment of an emergency public health laboratory in the County Hall by agreement between the County Council and the Medical Research Council provided a welcome extension of the facilities available to medical officers of health and private practitioners. Most of the work of the laboratory concerned the control of infectious diseases and in this sphere as well as in other public health problems where bacteriology might be of assistance, the advantages of personal consultation with Dr. W. Goldie, pathologist in charge of the laboratory, were greatly appreciated and fully utilised by medical officers of health. Private practitioners were also quick to realise that this was something which a postal pathological service could never supply.

(xii) Other Emergency Services.

The course of the war, and in particular the lessening of enemy aerial activity, reduced the demands upon the various services provided under the evacuation scheme of the Ministry of Health. The emergency maternity home at Northallerton continued to deal with expectant mothers evacuated from vulnerable areas but similar homes at Malton were not required to receive patients although retained fully equipped and ready to function at short notice.

The psychiatric social work in connection with evacuated school children continued to develop during the year and the hostel facilities proved most useful in dealing with "problem" children. The control of admissions and discharges was co-ordinated under the supervision of Miss D. Worth, the psychiatric social worker, who succeeded Mrs. I. J. Shawyer, M.A., early in the year.

During the summer of 1942, two war-time nurseries, each for 40 children, were erected in the Eston urban district and have been staffed and administered by the County Council acting on behalf of the Ministry of Health. The initial response by working mothers in placing their young children in the nurseries was good and in order to enable a larger number of mothers to undertake industrial work an attempt was made to promote a scheme for registered daily guardians. This was unsuccessful, possibly owing to the fact that potential daily guardians preferred industrial employment rather than the care of children.

(xiii) General.

The work of the department was well maintained in spite of difficulties of staffing due to recruitment of personnel to H.M. Forces and the shortage of suitable substitutes.

In conclusion, I should like to express my sincere thanks to the chairmen and members of the various committees of the Council for their generous assistance and to the members of the staff of the County Health Department and to my colleagues in other departments for their continued and active co-operation.

I have the honour to be,

Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient Servant,

J. A. FRASER,

County Medical Officer of Health.

October, 1943.

TABLE 1.

Birth and Death Rates, 1942—Civilians only.

DISTRICT.	Birth rate per 1,000 population.	Natural increase per 1,000 population	Death rate per 1,000 population.	Total infantile mortality per 1,000 live births.
A.—URBAN				
1. Eston	21.4	8.0	13.4	70.4
2. Guisborough	18.0	3.6	14.5	37.9
3. Loftus	17.5	3.8	13.7	84.0
4. Malton	16.7	4.0	12.7	15.2
5. Northallerton	15.0	7.9	7.1	36.6
6. Pickering	14.6	2.2	12.4	33.9
7. Redcar	16.6	4.4	12.2	46.5
8. Richmond	23.2	12.7	10.5	53.8
9. Saltburn & Marske	17.9	2.8	15.0	44.2
10. Scalby	16.4	2.6	13.8	24.4
11. Scarborough	14.8	—	17.4	52.5
12. Skelton & Brotton	19.4	6.1	13.3	50.4
13. Thornaby-on-Tees	19.1	8.1	11.0	65.5
14. Whitby	16.6	—	17.2	6.2
Total Urban ..	17.8	4.0	13.8	52.4
B.—RURAL.				
1. Aysgarth	12.8	—	13.1	20.4
2. Bedale	19.3	7.7	11.7	53.4
3. Croft	18.4	6.3	12.1	52.6
4. Easingwold	14.8	5.0	9.8	62.9
5. Flaxton	16.6	6.9	9.7	43.5
6. Helmsley	15.4	6.5	9.0	49.4
7. Kirbymoorside	16.0	5.1	10.9	36.6
8. Leyburn	15.0	3.6	11.4	41.2
9. Malton	14.0	4.4	9.6	—
10. Masham	18.2	—	18.7	138.9
11. Northallerton	13.7	—	13.7	102.8
12. Pickering	12.0	—	17.4	15.4
13. Reeth	10.2	—	11.7	—
14. Richmond	22.2	14.7	7.5	51.9
15. Scarborough	17.0	4.3	12.7	43.5
16. Startforth	18.0	7.1	10.9	12.3
17. Stokesley	20.0	7.4	12.6	77.9
18. Thirsk	15.1	3.5	11.6	43.0
19. Wath	13.7	5.8	7.9	38.5
20. Whitby	17.4	—	17.5	37.0
Total Rural ..	16.7	5.0	11.7	49.8
Administrative County ..	17.3	4.5	12.8	51.2

TABLE 2.

Notification of Infectious Disease in 1942, as given in the weekly returns rendered by Medical Officers of Health.—Civilians only.

DISTRICT.	Smallpox.	Scarlet Fever.	Diphtheria.	Pneumonia.	Cholera.	Plague.	Cerebro-spinal Fever.	Acute Poliomyelitis.	Acute Polio-encephalitis.	Encephalitis Lethargica.	Typhus Fever.	Enteric Fever.	Trench Fever.	Dysentery.	Ophthalmia Neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping Cough.	Anthrax.	Puerperal Pyrexia
A.—URBAN.																							
1. Eston	30	59	38	..	..	8	2	..	..	..	..	..	1	..	4	..	..	..	133	37	..	8
2. Guisborough	7	9	10	..	..	2	..	..	..	..	1	..	..	..	2	..	..	..	9	..	..	..
3. Loftus	3	5	6	..	..	2	..	..	..	..	..	..	..	..	4	..	..	..	44	15	..	1
4. Malton	2	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	3	9	..	..
5. Northallerton	25	3	4	..	..	..	..	..	..	..	..	..	..	1	2	..	1	..	18	..	..	7
6. Pickering	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
7. Redcar	27	26	20	..	..	..	..	..	..	..	..	..	..	1	10	..	..	..	344	46	..	5
8. Richmond	10	6	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	5	..	..	..	1
9. Saltburn & Marske	2	1	14	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	10	7	..	..
10. Scalby	10	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	35	1	..	1
11. Scarborough	48	37	23	..	..	2	..	1	..	2	..	..	..	..	5	..	..	20	324	7	..	20
12. Skelton & Brotton	3	4	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	1
13. Thornaby-on-Tees	15	28	31	..	..	1	..	..	..	..	..	..	..	..	10	..	..	..	85	25	..	3
14. Whitby	18	22	15	..	..	..	1	..	..	..	..	..	..	2	1	..	1	..	66	15	..	3
Total Urban	200	202	164	..	..	18	3	..	1	..	3	..	1	5	40	..	2	25	1074	162	..	50
1941	178	190	171	..	..	47	3	..	3	..	14	..	6	5	36	..	1	35	2636	406	..	34
B.—RURAL																							
1. Aysgarth	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	30	..	..
2. Bedale	7	2	9	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	16	41	..	..
3. Croft	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Easingwold	26	9	24	..	..	2	..	..	..	..	..	..	3	..	3	..	..	48	12	18	..	1
5. Flaxton	45	91	3	..	..	2	..	..	..	..	..	..	4	1	2	..	..	1	132	36	..	3
6. Helmsley	10	2	12	..	..	..	1	..	..	..	..	..	..	..	3	..	..	..	3	25	..	2
7. Kirbymoorside	2	1	5	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	9	44	..	..
8. Leyburn	17	4	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	79	7	..	2
9. Malton	14	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	54	17	..	1
10. Masham	2	4	12	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	2	..	..
11. Northallerton	26	15	8	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	9	1	..	..
12. Pickering	3	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	8	2	..	1
13. Reeth	6	..	..	..	..	..	..	..	..	..	..	..	7	..	..	1	10	..	..	..
14. Richmond	14	14	2	..	..	1	..	..	..	..	..	..	2	..	..	..	..	23	16	4	..	1
15. Scarborough	6	..	7	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	32	1	..	..
16. Startforth	10	1	10	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	8	1	..	1
17. Stokesley	11	20	24	..	..	4	..	..	..	..	..	..	..	..	5	..	..	..	22	11	..	1
18. Thirsk	11	17	10	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	6	9	..	..
19. Wath	8	1	4	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	10	1	..	..
20. Whitby	7	3	5	..	..	..	..	..	..	..	..	..	1	..	3	..	..	..	57	4	..	6
Total Rural	222	186	149	..	..	9	..	1	..	..	..	..	11	3	31	..	..	80	494	254	..	19
1941	177	113	140	..	..	51	5	2	2	..	4	..	5	4	21	..	1	119	2064	768	..	9
Administrative County	422	388	313	..	..	27	3	1	1	..	3	..	12	8	71	..	2	105	1568	416	..	69
1941	355	303	311	..	..	98	8	2	5	..	18	..	11	9	57	..	2	154	4700	1174	..	43

TABLE 3.

Infectious Disease Death Rates, 1942.—Civilians Only.

DISTRICT.	Scarlet Fever.	Diphtheria.	Typhoid Fever (including paratyphoid).	Measles.	Whooping Cough.	Pulmonary Tuberculosis.	Other Tuberculosis.	Influenza.	Pneumonia.	Bronchitis and other Respiratory diseases.	Cancer.	Diarrhoea (under 2 years).	Puerperal and post abortive sepsis.	Other maternal causes.	Congenital malformations birth injury, premature birth, infantile disease.
A.—URBAN.												*	*	*	*
1. Eston	·07	..	·04	·04	·77	·18	·14	·98	·88	1·44	13·09	3·27	4·91	31·10
2. Guisborough	·14	..	..	..	·55	·14	·27	·14	1·37	·68	..	..	..	22·73
3. Loftus	·15	..	..	..	·29	·29	..	·59	1·18	2·36	16·81	..	..	50·42
4. Malton	·25	·25	..	1·27	·25	1·01	..	..	..	..
5. Northallerton	·18	..	..	·37	·55	1·46	..	..	..	12·20
6. Pickering	·50	..	·25	..	1·73	1·73	..	..	..	..
7. Redcar	·09	..	..	·04	·52	·09	·17	·43	·69	1·76	10·33	..	2·58	20·67
8. Richmond	·54	·18	·36	·36	1·07	1·79	7·69	..	..	15·38
9. Saltburn & Marske	·63	..	·47	·47	·79	2·53	..	..	..	26·55
10. Scalby	·60	..	..	·60	·20	1·00	..	..	..	24·39
11. Scarborough	·03	..	·06	..	·40	·06	·03	·66	1·07	2·11	7·78	..	5·84	29·18
12. Skelton & Brotton	·41	..	·16	·33	1·06	1·22	8·40	..	4·20	33·61
13. Thornaby-on-Tees	·19	..	..	·05	·58	·14	·29	·82	·72	1·15	7·56	..	5·04	37·78
14. Whitby	·10	..	..	..	·92	·10	·31	·31	·72	3·17	..	..	..	..
Total Urban	·07	..	·02	·02	·54	·10	·16	·60	·89	1·70	7·76	·65	3·23	26·52
B.—RURAL.															
1. Aysgarth	·26	..	2·35	..	..	..	40·82
2. Bedale	·44	..	·15	..	·74	·89	..	..	7·63	45·80
3. Croft	1·45	·97	·97	..	..	..	26·32
4. Easingwold	·09	..	..	..	·28	..	·09	·47	·65	1·31	..	..	..	44·03
5. Flaxton	·11	..	..	..	·17	·11	·06	·28	·33	1·45	3·34	3·34	6·69	20·07
6. Helmsley	·19	..	·19	..	·76	..	1·52	..	..	24·69	24·69
7. Kirbymoorside	·20	·20	..	·20	·20	1·37	..	..	..	36·59
8. Leyburn	·15	..	·31	·15	..	·15	·62	2·16	10·31	10·31	10·31	20·62
9. Malton	·16	·65	·33	1·63	..	..	..	11·63
10. Masham	·50	..	·50	2·02	..	..	..	138·89
11. Northallerton	·26	·13	..	1·41	·77	1·41	9·35	..	..	37·38
12. Pickering	·56	·19	·37	·56	·93	2·96	..	..	..	15·38
13. Reeth	1·83	1·46	..	..	..	..
14. Richmond	·08	..	..	..	·38	·15	..	·15	·38	1·23	3·46	..	..	34·60
15. Scarborough	·30	·15	·44	·74	·30	2·36	..	..	..	17·39
16. Startforth	·44	·67	·22	·22	·89	2·00	..	..	..	12·35
17. Stokesley	·26	..	..	..	·13	..	..	·52	·91	1·63	3·25	..	3·25	51·95
18. Thirsk	·16	..	·08	..	·08	..	..	·81	·89	·98	..	..	..	21·51
19. Wath	1·59	..	..	..	38·46
20. Whitby	·09	..	·46	·18	·46	·74	1·29	1·84	..	..	..	31·75
Total Rural	·07	..	·02	·01	·23	·10	·11	·49	·64	1·58	2·04	·82	2·85	32·63
Administrative County	..	·07	..	·02	·01	·40	·10	·14	·55	·77	1·65	5·23	·72	3·07	29·22

* These death rates are per 1,000 births.
The other death rates are per 1,000 population.